

## Nutrition and WIC Services Management Evaluation Tool Vendor Record Review

Agency / Clinic: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

Contract Renewal Year: ☐ Yes ☐ No

Vendor Name & ID #	Training completed by Aug. 1 <sup>st</sup>	Monitoring completed by Aug. 1 <sup>st</sup>	Monitoring findings recorded in KWIC	Appropriate Technical Assistance provided	Vendor file contains relevant documentation	Vendor Exemption Form completed
1)						<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
2)						<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
3)						<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
4)						<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA
5)						<input type="checkbox"/> on file at SA <input type="checkbox"/> on file at LA

1 to 25 vendors - review five vendors or the actual number of vendors assigned to that agency, whichever is less  
 25 or more vendors - review 20% of the vendors assigned to the agency

Vendor # (above)	Number of complaints recorded	Complaints recorded appropriately	Complaints managed timely	Complaint follow up documented in KWIC	Notes fields used for all entries in KWIC	Visited vendor (only if time permitted)
1)						
2)						
3)						
4)						
5)						

ME Team Member Comments:	
Vendor Comments: (if vendor visited)	